

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Hoke County Transfer StationPermit: 4702-TRANSFER-1994ID: P0586Facility Website (URL): drussell@hokecounty.org

Physical Address		Mailing Address	
Street 1: <u>700 C C Steel Road</u>		Street 1: <u>P O Box 179</u>	
Street 2: _____		Street 2: _____	
City: <u>Raeford</u>	County: <u>Hoke</u>	City: <u>Raeford</u>	
State: <u>North Carolina</u>	Zip: <u>28376</u>	State: <u>North Carolina</u>	Zip: <u>28376</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Don Russell</u>		Name: <u>Patty Price</u>	
Phone: <u>(910) 875-5332</u>	Fax: <u>(910) 904-0804</u>	Phone: <u>(910) 875-5332</u>	Fax: <u>(910) 904-0804</u>
Email: <u>drussell@hokecounty.org</u>		Email: <u>pprice@hokecounty.org</u>	

1. Tipping Fee: \$50.75

per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax?

☒ Yes ☐ No

2. Did your facility stop receiving waste during this past Fiscal Year?

☐ Yes ☒ No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility?

☒ Yes ☐ No

If yes, indicate the following:

Name: Don RussellCertification type and expiration date: Transfer Station Manager 8/31/2013Name: Dan KolibaCertification type and expiration date: Transfer Operations Specialist 9/21/2015Name: Grady ChavisCertification type and expiration date: Transfer Operations Specialist 3/19/2013

4. What other activities occur at this facility? (check all that apply)

☒ Recycling/Reuse Collection
 ☒ Scrap Tire Collection
 ☒ White Goods Collection
 ☐ Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted: (check all that apply)

<input type="checkbox"/> Paper	<input type="checkbox"/> Wood	<input type="checkbox"/> Concrete/rubble/asphalt	<input type="checkbox"/> Gypsum/drywall
<input type="checkbox"/> Cardboard	<input type="checkbox"/> Glass	<input checked="" type="checkbox"/> Aluminum Cans	<input checked="" type="checkbox"/> Steel Cans
<input type="checkbox"/> PETE (#1) Plastic	<input type="checkbox"/> HDPE (#2) Plastic	<input checked="" type="checkbox"/> Computer Equipment	<input checked="" type="checkbox"/> Televisions
<input type="checkbox"/> Fluorescent lightbulbs	<input type="checkbox"/> Used oil/oil filters	<input checked="" type="checkbox"/> Other Metal	<input checked="" type="checkbox"/> Other Plastic
<input type="checkbox"/> Other (specify) _____			

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

[illegible]

6. Indicate the facility(s) that received your facility's non-recycled waste material:

Grand Total	23,248.97
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NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
WI-Sampson County Disposal Inc. 8202-MSWLF-2000 Roseboro, N.C.	MSW Landfill	23,248.97
TOTAL		23,248.97

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Drew Hammonds
225 Green Street, Suite 714
Fayetteville, NC 28301
phone: 910.433.3351 email: Andrew.Hammonds@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature:

Date: 7/31/2012

Name: Don Russell

Title: Solid Waste Director

Phone Number: (910) 875-5332

Email: drussell@hokecounty.org